

**AMHERST HEALTH DEPARTMENT**  
**70 BOLTWOOD WALK. AMHERST. MA.01002**  
Office (413) 259-3077 Fax (413)259-2404  
[www.amherstma.gov](http://www.amherstma.gov)

**Application for Piercing Technician License**  
**Piercing Technician- ANNUAL FEE \$250.00**

Date: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**All Tattoo/Piercing Technician Applicants Must Provide the Following:**

- ☐ Driver's License, Passport, or other photographic proof of identity and age.
- ☐ High School Diploma or equivalent.
- ☐ Evidence of course completion in Preventing Disease Transmission (American Red Cross or its equivalent)
- ☐ Evidence of current certification (within last 2 years) in First Aid and CPR (American Red Cross or its equivalent)
- ☐ Proof of completion of a course in Skin Disease, Disorders, and Conditions (American Red Cross or its equivalent)
- ☐ Proof of one year licensing as a piercer, or one (1) year apprenticeship training under a qualified piercer from another state or municipality.
- ☐ Piercing technician questionnaire must be completed. Questionnaire will be reviewed by the Public Health Nurse and she will determine if knowledge demonstrated is satisfactory. (To be completed in the office of Health Department)

Have you ever had a license from another state or locality suspended or revoked? Yes ☐ No ☐

**I, certify, under the pains and penalties of perjury, that the information provided to the Board of Health is correct. I have received a copy of the Regulations for Body Art. I agree to abide by all terms and conditions set forth by the Board of Health.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**Please Note The Following Late Fees Will Be Enforced**  
**First 30 Days Overdue \$50.00 ..... 60 Days and Each Month Thereafter \$100.00**

Return to: Amherst Health Dept.  
Bangs Community Center, 1st Floor  
70 Boltwood Walk,  
Amherst, MA 01002

Make Check Payable to: Town of Amherst

## AMHERST HEALTH SAFETY AGREEMENT

The Amherst Health Department requires a signed agreement on record from each individual Body Arts/Piercing practitioner. Violation of these basic, critical health and safety requirements is grounds for immediate revocation of his/her license. Please initial each numbered line as indicated to show that you have read and fully understand each point.

1. \_\_\_\_\_ I agree not to use ear-piercing guns in my studio due to the impossibility of properly sterilizing the equipment and the inappropriateness of ear piercing gun jewelry.
2. \_\_\_\_\_ I agree that all needles will be pre-sterilized, used on one person only in one sitting, and will be immediately disposed of in a medical sharps container.
3. \_\_\_\_\_ I agree that all forceps, tubes, etc. are to be pre-sterilized. If they are not used immediately, they will be stored in sterile bags and used on only one person in one sitting. After one such use, instruments will be appropriately decontaminated and then sterilized in an autoclave.
4. \_\_\_\_\_ I agree that all reusable, non-sterilized implements, such as calipers, will be nonporous and disinfected after each use with an FDA-approved commercial hard surface disinfectant.
5. \_\_\_\_\_ I agree that as many supplies as possible including corks, rubber bands, toothpicks etc., should be pre-sterilized in an autoclave, and if not used immediately, stored in a clean, closed container and disposed of immediately after a single use. In addition all skin prep products will be single use, and will be disposed of after one use.
6. \_\_\_\_\_ I agree that a new pair of medical-grade (sterile and/or non-sterile) will be donned appropriately and worn for every procedure and that gloves will be changed frequently, and whenever there is the slightest chance for cross contamination.
7. \_\_\_\_\_ I agree that the room used for piercings will be an enclosed room and used exclusively for piercing and jewelry insertion. This room must also be kept separate from the sterilization area. Piercing room, biohazard room, bathrooms and to the common areas, will be kept scrupulously clean and shall be disinfected frequently. All surfaces shall be nonporous, allowing them to be cleaned with an FDA-approved disinfectant solution throughout the day and whenever cross-contamination might occur.
8. \_\_\_\_\_ I agree that all jewelry for initial piercings will be autoclaved prior to insertion.
9. \_\_\_\_\_ I will use only appropriate jewelry in initial piercings. Appropriate jewelry is made of Surgical Implant grade Stainless Steel CRNMO 316 LVM ASTM F-138, solid 14 karat or higher white or yellow gold, Niobium (Nb), Surgical Implant grade Titanium Ti6A4V ELI, ASTM F-136, solid platinum, or a dense low porosity plastic such as Tygon or PTFE. Threaded jewelry for initial piercings must have internal tapping (no threads on posts) starting from 16 gauge. Jewelry must be free of nicks, scratches, burrs, and polishing compounds. Ring ends should be rounded.
10. \_\_\_\_\_ I agree that it is important to be open, available and not under the influence of legal or illegal substances which might compromise my abilities. I agree to maintain my certification in First Aid/CPR, and Blood borne pathogen training. I agree to meet or exceed all health, safety and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent my self, my abilities, or my standards in any way. I agree to consider all new health and safety suggestions, as they become known to me and to make appropriate changes in my technique as applicable. I agree that it is the moral, ethical, and professional responsibility of all peircers to continue to seek out, absorb and share health and safety information relevant to the craft throughout the my career.

NAME (please print): \_\_\_\_\_

Establishment Name \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone # \_\_\_\_\_ FAX: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# PIERCING TECHNICIAN QUESTIONNAIRE

The following questions are intended to determine your level of awareness of health and safety requirements for responsible piercing. Please write your responses to the questions numbered consecutively as follows:

1. Give a brief definition of the term “sterile.”
2. Describe methods whereby objects in your studio could be made sterile.
3. What materials, equipment or surfaces in your studio are sterile?
4. Give a brief definition of the term “disinfect.”
5. Describe the methods and materials used to disinfect objects or surfaces in your studio.
6. What materials, equipment or surfaces in your studio are disinfected?
7. Give a brief definition of the term “contaminated”.
8. Describe the concept of cross-contamination.
9. What kind of gloves do you wear?
10. Under what conditions is it necessary to change your gloves?
11. List three types of bloodborne contaminants:

12. In the context of piercing, what are the practical distinctions between hepatitis and HIV?
13. How is new, unused jewelry cleaned in preparation for insertion or piercing?
14. How is previously worn jewelry cleaned in preparation for insertion or piercing?
15. How are the skin and other tissue to be pierced cleaned in preparation for a piercing?
16. How and with what are your piercing needles stored and prepared for piercing?
17. How many times are piercing needles used before being disposed?
18. How are piercing needles disposed?
19. What is the procedure in your studio for dealing with needlestick?
20. What objects or areas in your studio are clearly marked with a biohazard sticker or sign?
21. What are the specifications for the jewelry that you insert into your customers? List all acceptable metals:
22. Where did you receive your training/apprenticeship/information? How long have you trained?

23. Are you certified, licensed or otherwise legally qualified or regulated by any source or authority? Please elaborate:
24. List any sources of continuing education directed towards improving your piercing skills.
25. List the qualities that you feel are important to a piercer's bedside manner:
26. Under what circumstances related to yourself or to the customer would you refuse to perform a piercing?
27. We all make occasional mistakes. If a piercing does not come out as planned, how do you deal with this situation?